#### UNITED STATES | 363281 **OMB APPROVAL FORM D** OMB Number:.....3235-0076 Expires: ..... April 30, 2008 SECURITIES AND EXCHANGE COMMISSION Estimated average burden Washington, D.C. 20549 hours per form. FORM D NOTICE OF SALE OF SECURITIES PRSUANT TO REGULATION D. 2007 SECTION 4(6), AND/OR UNÆØRM LIMITED OFFERING EXEMPTION Name of Offering iythis is an amendment and name has changed, and indicate change.) Issuance of Shares of PM Manager Fund, SPC - Segregated Porfolio 3 ☐ Rule 504 Filing Under (Check box(es) that apply): □ Rule 505 Rule 506 Type of Filing: ■ New Filing ☑ Amendment A. BASIC IDENTIFICATION DATA MAR 2 7 2007 Enter the information requested about the issuer Name of Issuer check if this is an amendment and name has changed, and indicate change. THOMSON PM Manager Fund, SPC - Segregated Portfolio 3 FINANCIAL (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices: c/o Walkers SPV Limited, P.O. Box 908GT, George Town, Grand Cayman, Cayman Islands (345) 814 4684 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Offices (if different from Executive Offices) Brief Description of Business: **Private Investment Company** Type of Business Organization corporation limited partnership, already formed other (please specify) ☐ business trust ☐ limited partnership, to be formed A segregated portfolio of PM Manager Fund, SPC, a Cayman Islands exempted company incorporated with limited liability and registered as a

# **GENERAL INSTRUCTIONS**

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

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When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Segregated Portfolio Company

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Estimated

Year

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CN for Canada; FN for other foreign jurisdiction)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------|------------------------------|-------------------|--------------------------------------|--|--|--|--|--|
| <ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> |                                             |                                |                              |                   |                                      |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ☐ Beneficial Owner             | ☐ Executive Officer          | □ Director        | ☐ General and/or Managing Partner    |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if individual):                             | Wilson-Clarke, Michelle I      | М.                           |                   |                                      |  |  |  |  |  |
| Business or Residence Add<br>Cayman Islands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ress (Number ar                             | nd Street, City, State, Zip Co | de): Walkers SPV Limited     | l, P.O. Box 908GT | , George Town, Grand Cayman,         |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ☐ Beneficial Owner             | ☐ Executive Officer          | □ Director        | ☐ General and/or Managing Partner    |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if individual):                             | Watters, Patricia              |                              | •                 |                                      |  |  |  |  |  |
| Business or Residence Add<br>400, Irvine, California 926                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ress (Number ar                             | nd Street, City, State, Zip Co | de): c/o Pacific Alternative | Asset Managem     | ent, LLC, 19540 Jamboree Rd., Suite  |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ☐ Beneficial Owner             | ☐ Executive Officer          | □ Director        | ☐ General and/or Managing Partner    |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if individual):                             | Williams, Kevin                |                              |                   |                                      |  |  |  |  |  |
| Business or Residence Add<br>400, Irvine, California 9261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | nd Street, City, State, Zip Co | de): c/o Pacific Alternativ  | e Asset Managen   | nent, LLC, 19540 Jamboree Rd., Suite |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ■ Beneficial Owner     ∴       | ☐ Executive Officer          | ☐ Director        | ☐ General and/or Managing Partner    |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if individual):                             | Newport Sequoia Fund, I        | LC                           |                   |                                      |  |  |  |  |  |
| Business or Residence Add<br>400, Irvine, California 9261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | nd Street, City, State, Zip Co | de): c/o Pacific Alternative | Asset Managem     | ent, LLC, 19540 Jamboree Rd., Suite  |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ☑ Beneficial Owner             | ☐ Executive Officer          | ☐ Director        | General and/or Managing Partner      |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if individual):                             | Pacific Atlantic Master Fo     | und, LP                      |                   |                                      |  |  |  |  |  |
| Business or Residence Add<br>400, Irvine, California 9261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | nd Street, City, State, Zip Co | de): c/o Pacific Alternative | Asset Managem     | ent, LLC, 19540 Jamboree Rd., Suite  |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ☐ Beneficial Owner             | Executive Officer            | Director          | General and/or Managing Partner      |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if individual):                             |                                |                              |                   |                                      |  |  |  |  |  |
| Business or Residence Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ress (Number ar                             | nd Street, City, State, Zip Co | de):                         |                   |                                      |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ☐ Beneficial Owner             | ☐ Executive Officer          | ☐ Director        | ☐ General and/or Managing Partner    |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | if individual):                             |                                |                              |                   |                                      |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                |                              |                   |                                      |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | ☐ Beneficial Owner             | ☐ Executive Officer          | Director          | General and/or Managing Partner      |  |  |  |  |  |
| Full Name (Last name first,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Full Name (Last name first, if individual): |                                |                              |                   |                                      |  |  |  |  |  |
| Business or Residence Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ress (Number ar                             | nd Street, City, State, Zip Co | de):                         |                   |                                      |  |  |  |  |  |
| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Promoter                                  | Beneficial Owner               | ☐ Executive Officer          | ☐ Director        | ☐ General and/or Managing Partner    |  |  |  |  |  |

### Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... ☐ Yes 🖾 No Answer also in Appendix, Column 2, if filing under ULOE. \$1,000,000\* What is the minimum investment that will be accepted from any individual?..... May be waived ☑ Yes □ No Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)...... ☐ All States ☐ [AL] ☐ [AK] ☐ [AZ] $\square$ [KS] $\square$ [KY] $\square$ [LA] $\square$ [ME] $\square$ [MD] $\square$ [MA] $\square$ [MI] ☐ [MN] ☐ [MS] ☐ [MO] □ [IN] □ [IA] [MT] [NE] [NV] [NH] [NJ] □ [ND] □ [OH] □ [OK] □ [OR] □ [PA] □ [WY] □ [PR] □ (RI) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers ☐ All States (Check "All States" or check individual States)...... □ (AK) □ (AZ) $\square$ (AR) $\square$ (CA) $\square$ (CO) $\square$ (CT) $\square$ [DE] $\square$ [DC) $\square$ [FL] $\square$ (GA) $\square$ (HI) $\square$ [LA] $\square$ [ME] $\square$ [MD] $\square$ [MA] $\square$ [MI] $\square$ [MN] $\square$ [MS] $\square$ [MO] □ (IN) □ [IA] □ [KS] □ [KY] $\square$ [NM] $\square$ [NY] $\square$ [NC] $\square$ [ND] $\square$ [OH] $\square$ [OK] $\square$ [OR] $\square$ [PA] [WI] [VV] [VA] [WA] [WV] [VV] □ [WY] □ [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers All States (Check "All States" or check individual States)..... □ [AK] □ [AZ] $\square$ [AR] $\square$ [CA] $\square$ [CO] $\square$ [CT] $\square$ [DE] $\square$ [DC] $\square$ [FL] $\square$ [GA] $\square$ [HI] [ID] $\square$ [LA] $\square$ [ME] $\square$ [MD] $\square$ [MA] $\square$ [MI] $\square$ [MN] $\square$ [MS] $\square$ [MO] □ [IN] □ [IA] ☐ [KS] □ [KY] ☐ [MT] ☐ [NE] ่ [เทา] $\square$ [NM] $\square$ [NY] $\square$ [NC] $\square$ [ND] $\square$ [OH] $\square$ [OK] $\square$ [OR] $\square$ [PA] □ (RI) SC] □ [SD] □ [TN] [UT] [VT] [VA] [WA] [WV] [WI]

INFORMATION ABOUT OFFERING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

COEEDOTA TO ECU CIVA CE CITETA (CATORES VILLE DE COMPANIO DE COMPA

| 1. | sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \sqrt{a} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                                                                                                                           |       |                             |    |                                       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------|----|---------------------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                               | C     | Aggregate<br>Offering Price |    | Amount Already<br>Sold                |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                           | \$    |                             | \$ |                                       |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                         |       |                             | \$ |                                       |
|    | ☐ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                           |       |                             |    |                                       |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                    | \$    |                             | \$ |                                       |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                          | \$    |                             | \$ | · · · · · · · · · · · · · · · · · · · |
|    | Other (Specify) (Shares)                                                                                                                                                                                                                                                                                                                                                                       | \$    | 500,000,000                 | \$ | 70,950,000                            |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                          | \$    | 500,000,000                 | \$ | 70,950,000                            |
|    | Answer also in Appendix, Column 3, if filing under ULOE                                                                                                                                                                                                                                                                                                                                        | -     |                             |    |                                       |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                     |       |                             |    | <b>4</b>                              |
|    |                                                                                                                                                                                                                                                                                                                                                                                                |       | Number<br>Investors         |    | Aggregate Dollar Amount of Purchases  |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                           |       | 12                          | \$ | 70,950,000                            |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                       |       | 0                           | \$ |                                       |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                        |       | n/a                         | \$ | n/a_                                  |
|    | Answer also in Appendix, Column 4, if filing under ULOE                                                                                                                                                                                                                                                                                                                                        |       |                             |    |                                       |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.                                                                       |       |                             |    |                                       |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                               |       | Types of<br>Security        |    | Dollar Amount<br>Sold                 |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                                       |       | •                           | \$ | n/a                                   |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                                   |       |                             | *  | n/a                                   |
|    | ·                                                                                                                                                                                                                                                                                                                                                                                              |       |                             | *  |                                       |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                                       |       | n/a                         | \$ | n/a                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                          |       | n/a                         | \$ | , n/a                                 |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the<br>securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.<br>The information may be given as subject to future contingencies. If the amount of an expenditure is<br>not known, furnish an estimate and check the box to the left of the estimate. |       |                             |    |                                       |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                          |       | 🗖                           | \$ |                                       |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                                   |       | 🗆                           | \$ | <u>-</u>                              |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                                     |       | 🛛                           | \$ | 14,703                                |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                                |       | 🗆                           | \$ |                                       |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                               |       | 🗖                           | \$ |                                       |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                           | ••••• | 🗖                           | \$ |                                       |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                                      |       | 🗆                           | \$ |                                       |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                          |       | 🛛                           | \$ | 14,703                                |

| 2 - 3       | WANTE BIEN BYINE FED 'SO                                                                                                                                                                                        | BERIOPINNESTORS, EXP                                                     | ENSES             | ANDUSEC                            | PPROCEEDS                                     |                       |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|------------------------------------|-----------------------------------------------|-----------------------|
|             | Enter the difference between the aggregate offering stion 1 and total expenses furnished in response to usted gross proceeds to the issuer."                                                                    | Part C-Question 4.a. This different                                      | ence is th        | e                                  | <u>\$</u>                                     | 499,985,297           |
| use<br>esti | cate below the amount of the adjusted gross proceed for each of the purposes shown. If the amount for mate and check the box to the left of the estimate. adjusted gross proceeds to the issuer set forth in re | r any purpose is not known, furnis<br>The total of the payments listed m | h an<br>ust equal | Payme<br>Offic<br>Direct<br>Affili | ers,<br>ors &                                 | Payments to<br>Others |
|             | Salaries and fees                                                                                                                                                                                               |                                                                          |                   | \$                                 |                                               | \$                    |
|             | Purchase of real estate                                                                                                                                                                                         |                                                                          |                   | \$                                 | □                                             | \$                    |
|             | Purchase, rental or leasing and installation of m                                                                                                                                                               | achinery and equipment                                                   |                   | \$                                 |                                               | \$                    |
|             | Construction or leasing of plant buildings and fa                                                                                                                                                               | cilities                                                                 |                   | \$                                 |                                               | \$                    |
|             | Acquisition of other businesses (including the va<br>offering that may be used in exchange for the as<br>pursuant to a merger                                                                                   | ssets or securities of another issue                                     | er 🔲              | <u>\$</u>                          |                                               | \$                    |
|             | Repayment of indebtedness                                                                                                                                                                                       |                                                                          |                   | \$                                 |                                               | \$                    |
|             | Working capital                                                                                                                                                                                                 |                                                                          |                   | \$                                 | <b>×</b>                                      | \$ 499,985,29         |
|             | Other (specify):                                                                                                                                                                                                |                                                                          |                   | \$                                 |                                               | \$                    |
|             |                                                                                                                                                                                                                 | <del></del>                                                              |                   | \$ .                               | □                                             | \$                    |
|             | Column Totals                                                                                                                                                                                                   |                                                                          |                   | \$                                 |                                               | \$ 499,985,29         |
| •           | Total payments Listed (column totals added)                                                                                                                                                                     |                                                                          |                   | -                                  | <b>\$</b> 499,9                               | 85,297                |
|             |                                                                                                                                                                                                                 | a e e e e e e e e e e e e e e e e e e e                                  | RE                | V 15 V 2                           |                                               |                       |
| constitu    | uer has duly caused this notice to be signed by the tes an undertaking by the issuer to furnish to the U. suer to any non-accredited investor pursuant to pa                                                    | undersigned duly authorized pers<br>S. Securities and Exchange Com       | on. If this       | s notice is filed u                | inder Rule 505, the<br>uest of its staff, the | e following signature |
| •           | Print or Type) nager Fund, SPC – Segregated Portfolio 3                                                                                                                                                         | Signature X                                                              | Valle             | ro                                 | Date<br>March                                 | 15, 2007              |
|             | f Signer (Print or Type)                                                                                                                                                                                        | Title of Signer (Print or Type): Director of PM Manager Fun              |                   |                                    |                                               |                       |

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|           | the state of the s | E STATESIGNATURE                                                        |                                             |  |  |  |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------|--|--|--|--|--|
| 1.        | Is any party described in 17 CFR 230.262 presen provisions of such rule?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tly subject to any of the disqualification                              | Yes No                                      |  |  |  |  |  |
|           | See App                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pendix, Column 5, for state response.                                   |                                             |  |  |  |  |  |
| 2.        | The undersigned issuer hereby undertakes to furn (17 CFR 239.500) at such times as required by st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nish to any state administrator of any state in which this not ate law. | tice is filed a notice on Form D            |  |  |  |  |  |
| 3.        | The undersigned issuer hereby undertakes to furn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nish to the state administrators, upon written request, inform          | mation furnished by the issuer to offerees. |  |  |  |  |  |
| 4.        | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                                             |  |  |  |  |  |
|           | er has read this notification and knows the content ed person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s to be true and has duly caused this notice to be signed or            | n its behalf by the undersigned duly        |  |  |  |  |  |
| Issuer (F | Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signatorie                                                              | Date                                        |  |  |  |  |  |
| PM Man    | ager Fund, SPC – Segregated Portfolio 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Setricia Natters                                                        | March 15, 2007                              |  |  |  |  |  |
| Name of   | Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title of Signer (Print or Type):                                        |                                             |  |  |  |  |  |
| Patricia  | Watters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Director of PM Manager Fund, SPC                                        |                                             |  |  |  |  |  |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|          | 8                                                                                                                                                                     |     |               | AP                                                               | PENDIX       |   |                                       | 9   | :<br>                                                                                               |  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|------------------------------------------------------------------|--------------|---|---------------------------------------|-----|-----------------------------------------------------------------------------------------------------|--|
|          |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| . 1      | 2 3                                                                                                                                                                   |     |               | Type of investor and amount purchased in State (Part C – Item 2) |              |   |                                       |     | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Itern 1) |  |
| :        | Intend to sell and aggregate to non-accredited investors in State (Part B – Item 1)  Type of security and aggregate offering price offered in state (Part C – Item 1) |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| State    | Yes                                                                                                                                                                   |     |               | Number of Accredited Investors Amount Investors                  |              |   | Amount                                | Yes | No                                                                                                  |  |
| AL       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| AK       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| AZ       |                                                                                                                                                                       |     | ,             |                                                                  |              |   |                                       |     |                                                                                                     |  |
| AR       |                                                                                                                                                                       |     |               |                                                                  |              | - |                                       |     |                                                                                                     |  |
| CA       |                                                                                                                                                                       | X . | \$500,000,000 | 10                                                               | \$67,350,000 | 0 | \$0                                   |     | х                                                                                                   |  |
| СО       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| СТ       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| DE       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| DC       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| FL       |                                                                                                                                                                       |     |               |                                                                  |              |   | ·                                     |     |                                                                                                     |  |
| GA       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| н        |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       | ,   |                                                                                                     |  |
| ID       |                                                                                                                                                                       |     |               | <del></del> .                                                    |              |   | <u></u>                               |     | ļ                                                                                                   |  |
| ΙL       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| 1N       |                                                                                                                                                                       |     |               | ···                                                              |              |   | · · · · · · · · · · · · · · · · · · · |     |                                                                                                     |  |
| IA       |                                                                                                                                                                       |     |               | <del> </del>                                                     |              |   |                                       |     |                                                                                                     |  |
| KS       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     | ļ                                                                                                   |  |
| KY       |                                                                                                                                                                       |     |               |                                                                  | ,            |   |                                       |     |                                                                                                     |  |
| LA       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| ME       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| MD       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| MA       |                                                                                                                                                                       |     | <u> </u>      |                                                                  |              |   |                                       |     | ļ                                                                                                   |  |
| MI       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| MN       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| MS       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| MO       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| MT       |                                                                                                                                                                       |     |               |                                                                  |              |   | •                                     |     |                                                                                                     |  |
| NE<br>NV |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| NH       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
|          |                                                                                                                                                                       |     |               |                                                                  |              |   | ,                                     |     |                                                                                                     |  |
| NJ       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |
| NM       |                                                                                                                                                                       |     |               |                                                                  |              |   |                                       |     |                                                                                                     |  |

| G        | , ,                                                                   |    |                                                                                              | ACT                                                                    | Y MY 111    | <del></del>                              |                                                                                                    |     |                                                  |
|----------|-----------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------|------------------------------------------|----------------------------------------------------------------------------------------------------|-----|--------------------------------------------------|
| <u> </u> | * -                                                                   |    |                                                                                              | AA                                                                     | RENDIX      |                                          |                                                                                                    |     | · · · · · ·                                      |
|          |                                                                       |    |                                                                                              | ·                                                                      |             |                                          |                                                                                                    | 1   |                                                  |
| 1        | 2                                                                     | 2  | 3                                                                                            |                                                                        | 4           |                                          |                                                                                                    |     | ,                                                |
|          | Intend to sell to non-accredited investors in State (Part B – Item 1) |    | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C – Item 1) | Type of investor and<br>Amount purchased in State<br>(Part C – Item 2) |             |                                          | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1) |     |                                                  |
| State    | Yes                                                                   | No | Shares                                                                                       | Number of<br>Accredited<br>Investors                                   | Amount      | Number of<br>Non-Accredited<br>Investors | Amount                                                                                             | Yes | No                                               |
| NY       |                                                                       | х  | \$500,000,000                                                                                | 2                                                                      | \$3,500,000 | 0                                        | \$0                                                                                                |     | Х                                                |
| NC       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| ND       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| ОН       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     | ,                                                |
| ОК       | ,                                                                     |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| OR       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| PA       |                                                                       |    | ·<br>                                                                                        |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| RI       | ,                                                                     |    |                                                                                              | _                                                                      |             | ,                                        |                                                                                                    |     |                                                  |
| sc       |                                                                       | ·  | ,                                                                                            |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| SD       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     | <u> </u>                                         |
| TN       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| TX       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| UT       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     | -                                                |
| VT       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     |                                                  |
| VA       |                                                                       |    | ·· <del>···································</del>                                            |                                                                        |             |                                          | •                                                                                                  |     |                                                  |
| WA       |                                                                       |    | -                                                                                            |                                                                        |             |                                          | ····                                                                                               |     |                                                  |
| WI       |                                                                       |    |                                                                                              |                                                                        |             | ,                                        |                                                                                                    |     | <del> </del>                                     |
| WY       |                                                                       |    | <u> </u>                                                                                     |                                                                        |             | •                                        |                                                                                                    |     | -                                                |
| Non      |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    |     | <del>                                     </del> |
| US       |                                                                       |    |                                                                                              |                                                                        |             |                                          |                                                                                                    | -   |                                                  |

END